



**City
of
Milwaukee**

Employment Application for **Network Analyst - Associate** Municipal Court

Department of Employee Relations
City Hall, Room 706
200 East Wells Street
Milwaukee WI 53202-3554

414-286-3751

TTD 414-286-2960

www.milwaukee.gov/der

INSTRUCTIONS TO APPLICANT. Please:

1. Use a typewriter or PRINT answers in black ink (for copying purposes).
2. Answer all questions in UNSHADED areas. Credit may NOT be given for incomplete information. Leave SHADED areas BLANK.

3. Print your Last Name in the left margin.
4. DATE and SIGN on page 2.
5. Keep a copy of completed application materials for your files.

			Do you currently live in the City of Milwaukee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name _____ First _____ Middle Initial _____			If yes, when did you become a resident? (month/year) _____		
Address _____ Apt. # _____			<i>NOTE:</i> City employees must live in the City. <i>Residency proof will be required at the time of hire or within six months.</i>		
City _____ State _____ Zip Code _____			List any other names by which you have been known on official records: _____		
Day phone: (_____) _____ - _____ Evening phone: (_____) _____ - _____ Email Address: _____ Social Security Number _____ - ____ - _____					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			If under 18, how old are you? _____ years months		
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees: _____ _____					
List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for: _____ _____ _____					
TYPE		NUMBER (if any)		TYPE	
				NUMBER (if any)	
MILITARY SERVICE * Read carefully if you may be eligible for veteran's preference points. *					
Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.					
<u>Military Status</u>					
<input type="checkbox"/> Enlisted, drafted or commissioned--active duty <input type="checkbox"/> Enlisted or commissioned reserve or National Guard service --active duty for training only					
Date Entered Active Duty: _____					
Date Terminated Active Duty: _____					
If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unmarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.					
<u>Period of Service</u>					
<input type="checkbox"/> August 27, 1940-July 25, 1947 <input type="checkbox"/> June 27, 1950-January 31, 1955 <input type="checkbox"/> August 5, 1964-January 1, 1977 <input type="checkbox"/> Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined) <input type="checkbox"/> Afghanistan War (September 11, 2001 to date to be determined) <input type="checkbox"/> Called to active duty in 1961 by Executive Order No. 10957 <input type="checkbox"/> Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal					
Date: _____					
Location: _____					

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

LAST NAME

EXAM#06-098

IMPORTANT NOTE:

A resume is not a substitute for this questionnaire. This questionnaire constitutes an important part of your examination. The information provided by you is subject to verification with your employers and will be used to select the most qualified candidates. Credit will not be given for incomplete or incorrect information and will constitute justification for disqualification from consideration for this position or removal from a city position.

WE URGE YOU TO MAKE COPIES OF ALL APPLICATION MATERIALS YOU SUBMIT.

EMPLOYMENT INFORMATION

Are you legally authorized to work permanently for any employer within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
There may be a possibility of employment with other organizations. If so, may we refer your name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):				
If you are <input type="checkbox"/> PRESENTLY or were <input type="checkbox"/> PREVIOUSLY employed by the City of Milwaukee, list the following:				
POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)	
If you have ever been convicted of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTHDATE ON PAGE 11. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. Use separate sheet if necessary:				
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.				

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions up to this point and throughout the remainder of this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ **DATE:** _____

I. Education and Training

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No If Yes, Name and Location of High School _____

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

A. Do you hold an Associate's Degree? ☐ Yes ☐ No Major: _____ Date Completed: _____

If currently working on a degree, how many credits have you earned? _____ Expected degree completion date: _____

College or Technical school: _____

B. Do you hold a Bachelor's Degree? ☐ Yes ☐ No Major: _____ Date Completed: _____

If currently working on a degree, how many credits have you earned? _____ Expected degree completion date: _____

College or University: _____

Additional coursework, training programs, or professional seminars completed which may be relevant to this position. (Do not list courses required for above degrees.)

Title	Sponsoring Organization/ Academic Institution	Dates Attended	Credits

II. Registration/Certifications

Please indicate whether or not you have obtained any registrations and/or certifications:

<u>Certification Title</u>	<u>LICENSE #</u>
Microsoft Certified Systems Engineer (MSCE) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certified Novell Engineer (CNE) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	
Other:	
Other:	

If you are currently working toward obtaining the above registrations or certifications, please describe your progress.

III. Work Experience

List your previous work experience. **Treat each change of job title as a new entry.** Begin with your present position and work back. (If necessary, attach additional sheets using the same format).

A. Current (most recent) employer/position

Title: _____

Employer: _____

Type of Business: _____

Employer's Address: _____

Period of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Full Time ☐ Part Time ☐ If Part Time, hrs./week: _____

Salary/wage \$_____ per _____

Supervisor's name, title and phone number: _____

Reason for leaving: _____

Describe your job responsibilities:

B. Previous Employer

Title: _____

Employer: _____

Type of Business: _____

Employer's Address: _____

Period of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Full Time ☐ Part Time ☐ If Part Time, hrs./week: _____

Salary/wage \$_____ per _____

Supervisor's name, title and phone number: _____

Reason for leaving: _____

Describe your job responsibilities:

C. Previous Employer

Title: _____

Employer: _____

Type of Business: _____

Employer's Address: _____

Period of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Full Time ☐ Part Time ☐ If Part Time, hrs./week: _____

Salary/wage \$_____ per _____

Supervisor's name, title and phone number: _____

Reason for leaving: _____

Describe your job responsibilities:

D. Previous Employer

Title: _____

Employer: _____

Type of Business: _____

Employer's Address: _____

Period of Employment: From (mo./yr.) _____ to (mo./yr.) _____

2. Please describe what network operating systems you have supported (e.g., Windows Server 2003, AIX, Unix, Linux, Novell):

[illegible]

3. What particular types of network hardware have you installed and supported (e.g., switches, hubs, etc.):

[illegible]

4. Please describe your experience developing web sites:

[illegible]

5. Please describe your application development experience including any web-enabled applications you have developed and/or supported:

[illegible]

6. Please describe any experience you have had as a trainer:

[illegible]

7. Please describe any other experience or qualifications that would assist us in evaluating you for this position:

[illegible]

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

_____ A signer
_____ A reader
_____ Extra time
_____ Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION

APPLICANT'S NAME _____ DATE _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. **THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO

Spouse's Period of Service

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

